Virginia State Board of Elections



Statement of Organization CANDIDATE

CITY OF ALEXANDRIA

Commonwealth of Virginia

MAY 1 2012

VOTER REGISTRATION
ELECTORAL BOARD

☐ New Candidate

□ Amended Statement

*Please read instructions before completing this form.

Name of Candidate Campaign Committee		
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Street Address/PO Box Nex and Rice UA 22304		
State Zip Olicias hughes a gracil. Con 703-751-09 Email Address Daytime Phone #	74	
Candidate's Information		
Mr. Ms. Last Name First Name Candidate 200 Yorkun Pkwy 701		
Information Residence Address Suite #		
Mexandria UA 22304		
City State Zip County or City Charles has be a gravil. con 703. 751-09-7 Email Address Daytime Phone #	24	
Treasurer Information		
Mr. /Ms. Last Name First Name		
Treasurer's Name and Address Residence Address Suite #		
State Zip County or City State Zip County or City Email Address Daytime Phone #	74	
Campaign Depository		
TDBank 110-		
Primary Financial Institution and Address (if applical		



Statement of Organization CANDIDATE

Signatures	
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Quantificate's Signature
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer's Signature Date
	Filing Method
	Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such. Tintend to electronically file using Virginia's VAFiling Program.
Electronic Filing Agreement	(Please Enter Name of Vendor) Signature Date Date Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign
	financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.
	Signature Date